AND DIAN OF CORRECTION INTERCATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		FCL060088	B. WING		06/1	8/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
TRUE CA	ARE REST HOME		SYLE DRIVE			
	OUR MAA DV OTA		TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report by Suzanna	Fay				
	Survey on June 18, AM at the above rerecords indicate the January 18, 1981. (6) ambulatory residence of the during a fire or other that the bed count of after April 1, 1984. are requiring the howith the following: Minimum Standards portions of the 2008 Family Care Homes the North Carolina 409.1 (g) - Resident At the time of our virequire an acceptate.	a Section conducted a Biennial 2015 from 10:06 AM to 11:45 ferenced facility. DHSR home was first licensed on This facility is licensed for six dents (able to evacuate and y physical or verbal assistance or emergency) which indicates was increased to six sometime Based on this information we ome to maintain compliance the 1984 "Family Care Homes and Regulations," applicable 5 Rules 10A NCAC 13G for and the 1978 (Revision 2) of State Building Code - Section tial Care Facilities.				
C 174	are as follows: Building Equipment	: Maintained Safe, Operating	C 174			
	EQUIPMENT (a) The building ar mechanical, and plucare home shall be operating condition (j) This Rule shall family care homes. This Rule is not med 1. Observations re-	and all fire safety, electrical, umbing equipment in a family maintained in a safe and . apply to new and existing				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	Of Fleatin Service IN				0.00	a
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE COMP				
	S. SOMESTION	.BERTH 10, WISH HOMBER.	A. BUILDING:	U1	JOIVII	
		FCL060088	B. WING		06/1	8/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			YLE DRIVE	,		
TRUE CA	ARE REST HOME		TE, NC 282	_		
(VA) ID	STIMMADV STA	TEMENT OF DEFICIENCIES	-	PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF	PRIATE	DATE
				DEFICIENCY)		
C 174	Continued From pa	ge 1	C 174			
		he kitchen countertop.				
		tion of the repairs through				
	photos or copies of	work orders or receipts.				
	2 Observations re-	vealed that the kitchen				
		r condition. Some of the doors				
		not close. One of the				
		window is broken and the				
		. Interview with Staff revealed				
		had just recently broken and				
		o replace all of the kitchen				
		documentation of the				
		hrough photos or copies of				
	work orders or rece	eipts.				
	2 At the time of thi	in curvey the kitchen cutlete				
		is survey the kitchen outlets ester indicated that the wiring				
		utlet to the right of the kitchen				
		ied technician repair the				
		vide documentation of the				
		ies of work orders or receipts.				
		·				
		vealed that the ceramic wall				
		h holder had broken off the				
		et leaving a rough, jagged				
		fied person repair the holder				
		cumentation of the repairs copies of work orders or				
	receipts.	opies of work orders of				
	1000ipto.					
	5. Observations re-	vealed that the switch was				
		ay outside of Bedroom 1.				
		chnician replace the light				
	switch. Provide dod	cumentation of the repairs				
	through copies of w	ork orders or receipts.				
	6 Observations ro	vealed that the caulking strip				
		vealed that the caulking strip e pink bathroom was				
		oken. Have a qualified person				

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repair the caulking around the tub. Provide

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL060088	B. WING		06/1	8/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TRUE CA	ARE REST HOME		GYLE DRIVE FTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 2	C 174			
	documentation of the copies of work order	ne repairs through photos or ers or receipts.				
	7. Observations revealed that the left hand rail on the front steps was loose. Have a qualified person secure the rail. Provide documentation of the repairs through copies of work orders or receipts.					
	8. Observations revealed several small holes in the exterior siding at the front gable. Have a qualified person repair the siding. Provide documentation of the repairs through photos or copies of work orders or receipts.					
	9. Observations revealed broken glass in the grass near the front curb. Have a qualified person remove the glass to prevent injury. Provide documentation of the repairs through photos.					
	space vent covers opening exposed for space. Have a quathe vent cover. Pro	evealed that one of the crawl was damaged leaving the or pests to enter the crawl slified person repair or replace ovide documentation of the otos or copies of work orders				
	boards on the front qualified person se	evealed that the last two ramp were loose. Have a cure the boards. Provide ne repairs through copies of eipts.				
C 101	Construction-Single	e Family	C 101			
	IV. The Building B. General Constri	uction and Maintenance				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		FCL060088	B. WING		06/1	8/2015
TRUE CARE REST HOME 4410 AR			ORESS, CITY, S BYLE DRIVE TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 101	residential building Carolina Insurance following apply to fa 1, 1983, facilities which and facilities which This Rule is not me 1. Observations rethe left had mechar fan is venting direct ducted to an outside building official for reathroom fan and pethey recommend.	meet the single family code requirements of North Department. In addition, the acilities licensed after February hich increase bed capacity, change ownership.	C 101			
C 123	a. All floor levels m there are only two, from each other as b. At least one entr minimum clear widt must be a minimum eight inches. c. At least two outs residents' floor leve accessible by ramp inches of length of te entrances/exits, the		C 123			

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	or realth Service Ne		0.00.00.00.00.00.00.00		0.00 - 1	a
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		(X3) DATE SURVEY COMPLETED	
AND FLAIN	OF SOURCE HOW	IDENTIFICATION NOMBER.	A. BUILDING: 01		COMP	
		FCL060088	B. WING		06/1	8/2015
NAME OF F	PROVIDER OR SUPPLIER	OTDEET ADJ	DESS CITY O	STATE, ZIP CODE		
NAIVIE OF F	ROVIDER OR SUPPLIER					
TRUE CA	RE REST HOME		SYLE DRIVE			
1		CHARLOI	TE, NC 282			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
IAG			IAG	DEFICIENCY)		
0.400	<u> </u>		0.400			
C 123	Continued From pa	ge 4	C 123			
	(The requirement for	or the ramp at exits not at				
		s to homes which have at least				
		eeds personal assistance in				
	getting up or down					
		s must be easily operable, by				
		on, from the inside at all times				
	without keys.	,				
		it must be free of all				
	obstructions or imp	ediments to allow for full				
		of fire or other emergency.				
		s, stoops and ramps must be				
	provided with handr					
	•	o				
	This Rule is not me	et as evidenced by:				
		vealed that the available				
	window for emerger	ncy egress in Bedroom 4 was				
		irniture. Staff moved the				
	furniture on site. The	nerefore, no further response				
	is required. Mainta	in all exits to be free of				
	obstructions.					
		vealed that the back exit has				
		andrails on either side of the				
		ervation revealed that one of				
		a wheelchair for mobility.				
		revealed that three of the				
		eelchairs, but were all				
	,	ver, these Residents would				
		getting up and down steps; so				
		ne exit available for their use.				
		rson install a ramp at the back				
		st meet the current building				
		are Home requirements which				
		ng at the top and bottom,				
		side and a 1:12 slope. A clear,				
		maintained from the end of the				
		afe area for rescue. Provide				
		ne repairs through photos or				
	copies of work orde	ers or receipts.				

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STATEMENT OF DEFICIENC AND PLAN OF CORRECTION	IES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		FCL060088	B. WING		06/1	8/2015
NAME OF PROVIDER OR SU	JPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TRUE CARE REST HO	MF		GYLE DRIVE			
			TTE, NC 282			
PREFIX (EACH DE	FICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
C 125 Continued F	rom pa	ge 5	C 125			
C 125 Floors			C 125			
a. All floors material and cleanable. b. Scatter of c. All floors This Rule is 1. Observat was worn do outside of Borepair or rep documentatic copies of word was enlarge the surround to the floor. patch or rep documentatic copies of word was enlarge the surround to the floor. patch or rep documentatic copies of word was enlarge the surround to the floor. patch or rep documentatic copies of word was enlarged the surround to the floor. Patch or rep documentatic copies of word was enlarged the surround to the floor. Patch or rep documentation at the qualified per documentation was enlarged to the floor of the f	Enviror 10 NCA must b so con or throw must be not me ions re- ion of the lace the lon of the ling floc Have a lace the lon of the ling floc have a lace the lon of the ling floc have a lace the lon of the lon o	nment AC 42C .2211) Dee of smooth, non-skid instructed as to be easily or rugs are not to be used. The expert in good repair. Let as evidenced by: Let as e				

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4. Observations revealed that a vinyl floor base was applied over an existing wood base throughout the common areas in the facility. The vinyl adhesive has deteriorated and the vinyl base

DIVISION	of Fleath Service IN	guiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED	
		FCL060088	B. WING		06/1	8/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY. S	STATE, ZIP CODE		
			YLE DRIVE			
TRUE CA	ARE REST HOME		TE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 125	Continued From pa	ge 6	C 125			
	person remove or re	ne wall. Have a qualified epair the vinyl base. Provide ne repairs through photos or ers or receipts.				
	finishes at the door qualified person par continuous finish. F	vealed a gap in the floor to the right bathroom. Have a tch or replace the floor for a Provide documentation of the tos or copies of work orders				
	6. Observations revealed that the bathroom floor in the right bathroom was not maintained in good condition. There is a gap between the edge of the vinyl floor and the perimeter wall. The gap has been infilled with a wide band of caulking. The caulking is not smooth and the finish, texture and width is inconsistent. The floor has stains which appear to have been caused by moisture seeping under the floor. Have a qualified technician replace the floor in the right bathroom. Provide documentation of the repairs through photos or copies of work orders or receipts.					
C 129	.2214) 3. The hot water ta provide an adequat kitchen, bathrooms temperature at all fi be maintained at a (38 degrees C) and F (43 degrees C).	e Equipment (10 NCAC 42C) nk must be of such size to e supply of hot water to the and laundry. The hot water xtures used by residents must minimum of 100 degrees F must not exceed 110 degrees	C 129			
	This Rule is not me	et as evidenced by:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE COMF	SURVEY PLETED	
		FCL060088	B. WING		06/	18/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TRUE C	ARE REST HOME		SYLE DRIVE TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
C 129	1. At the time of the temperature in the Fahrenheit. Adjust water heater to be to A Hot Water Temperature at DHSR/6	is survey, the water facility was 80 degrees the temperature on the hot between 100 and 116 degrees. Log was left at the facility to emperature. The log was Construction Section on June e, no further response is	C 129			
C 134	IV. The Building E. Fire Safety Requirement (10 NCAC 42C .2213) 3. The home must provide automatic, single station U.L. listed smoke (ionization) detectors in locations as determined by the Division of Facility Services and U.L. listed heat detectors in the attic and basement. These detectors must be directly wired to the house current.		C 134			
	located in the hall to when sprayed with qualified technician detector. This smo the house current. repairs through cop 2. Observations re smoke detectors we Bedroom 4. Neithe sprayed with canne batteries and verify	et as evidenced by: is survey, the smoke detector be Bedroom 3 did not sound canned smoke. Have a repair or replace the smoke ke detector should be wired to Provide documentation of the sies of work orders or receipts. vealed that battery operated ere added to Bedroom 2 and er of these sounded when d smoke. Replace the that the smoke detectors smoke detectors. Provide				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01	(X3) DATE SURVEY COMPLETED
	FCL060088	B. WING	06/18/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

TRUE CARE REST HOME

4410 ARGYLE DRIVE WEST CHARLOTTE, NC 28213

CHARLOTTE, NC 28213								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE				
C 134	Continued From page 8 documentation of the repairs through copies of work orders or receipts.	C 134						
C 140	Housekeeping and Furnishings IV. The Building F. Housekeeping and Furnishings (10 NCAC 42C .2212) 2. Each home must: a. have walls, ceilings, and floors or floor coverings kept clean and in good repair; b. have no unpleasant odors; c. have furniture clean and in good repair; d. have a sanitary grade of 90 or above at all times. e. be maintained in an uncluttered, clean orderly manner, free of all obstructions and hazards; f. have an adequate supply of bath soap, clean towels, washcloths, sheets, pillow cases, blankets, and additional coverings on hand at all times; g. make available the following items as needed through any means other than charge to the personal funds of recipients of State-County Special Assistance- (1) protective sheets and clean, absorbent soft and smooth pads; (2) bedpans, urinals, hot water bottles, and ice caps; (3) bedside commodes, walkers, and wheelchairs; h. have television and radio, each in good working order.	C 140						
	This Rule is not met as evidenced by: 1. Observations revealed that there was a strong, offensive odor in Bedroom 1. Interview							

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AND DUAN OF CODDECTION IDENTIFICATION NUMBER.		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED	
		FCL060088	B. WING		06/4	8/2015
					1 06/1	0/2015
NAME OF	PROVIDER OR SUPPLIER		GYLE DRIVE	STATE, ZIP CODE		
TRUE C	ARE REST HOME		TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 140	with Staff revealed refused to maintain room thoroughly an prevent recurring p	ge 9 that one of the Residents good hygiene. Clean the id take the necessary steps to roblems with odors. Provide teps taken to correct this	C 140			

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